



STANFORD UNIVERSITY MEDICAL CENTER

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STANFORD UNIVERSITY SCHOOL OF MEDICINE
Department of Genetics

March 31, 1969

Dear Mr. Lear

I will be very happy to authorize your reprinting my article of March 15. I would be even more pleased to see you incorporate my followup of the 22d. To save space, I have indicated some deletions of redundant or dispensable text; but use it intact if you have the room.

I have the general reprint rights, and will warrant the same to the Saturday Review for permission (non-exclusive) to reprint; but I will also check with the Post and call you within 72 hours if there is any problem. I am sure you ~~will~~ intend the usual courtesy of attribution.

Off the record: I was pleased to see you reopen the discussion. But your criticism of the PHS for not "publicizing" the Ottawa reports on hemodialysis seem quite misplaced. Also my friends here in the same business claim to have found no comparable problems with their hemodialysis patients (water also fluoridated). This may have a lot to do with other aspects of management, which is of course quite tricky anyhow. For my own part, my reading of the literature would make me much more gravely concerned about pumping lead into such patients.

Your argument comparing chronic/low fluoride with acute flushing in hemodialysis was, to say the least, tacky. It's a bit like comparing 10 pounds of salt at one gulp versus ordinary seasoning. But it does have some merit in some cases of kidney dysfunction; and we ought to know more about it. Most cases, with salt loss, probably excrete more fluoride than the normal, for fluoride is actively reabsorbed in the renal tubule. But I am fully with you that we should not pretend that we know all about it. (I would simply place the probable residual risk from fluoridation very low compared to many other things we don't keep out of our water, and compared to its positive benefits for children's teeth.)

Sincerely,

Joshua Lederberg

CC: Howard Siman, Wash Post
Ray Colon 6/4